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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****
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| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after grace Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i> | STATE OR COUNTRY KOREA, REPUBLIC OF | SHEETS DRAWING 0 | TOTAL CLAIMS 4 | INDEPENDENT CLAIMS 1 |
|---|---|------------------------|----------------------|----------------------------|

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TITLE
ORGANIC ACID SALT OF AMLODIPINE

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| <p>FILING FEE RECEIVED 750</p> | <p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p> | <table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table> | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees (Filing) | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | <input type="checkbox"/> 1.18 Fees (Issue) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Credit |
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